

PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.



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33M1/0926

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
INVENTOR'S NAME	
Street Address	
City, State and ZIP Code	
CO-INVENTOR'S NAME	
Street Address	
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<input type="checkbox"/> Check if additional changes are on reverse side	

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/051,899	03/12/93	005	MANUEL, G	3305 09/26/94
First Named Applicant		DAVID E..		

TITLE OF INVENTION IMPLANTABLE N-PHASIC DEFIBRILLATOR OUTPUT BRIDGE CIRCUIT

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
3	47076382	607-005.000	Z97	UTILITY	NO	\$1170.00	12/27/94

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page; list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.	1 KECK, MAHIN & CATE
		2 _____
		3 _____

SC13331	12/30/94	08051899	11-0275	130	142	1,210.00CH
SC13332	12/30/94	08051899	11-0275	130	561	15.00CH

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5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	6a. The following fees are enclosed: <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____
(1) NAME OF ASSIGNEE: Cardiac Pacemakers, Inc.	6b. The following fees should be charged to: <input type="checkbox"/> DEPOSIT ACCOUNT NUMBER 11-0275 (ENCLOSE PART C) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies 5 <input type="checkbox"/> Any Deficiencies In Enclosed Fees
(2) ADDRESS: (CITY & STATE OR COUNTRY) St. Paul, Minnesota	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) <i>Watson T. Scott</i> (Date) <i>12/21/94</i>

- A. This application is NOT assigned.
 Assignment previously submitted to the Patent and Trademark Office.
 Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.
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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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paper, such as an assignment or formal drawing, must have its own certificate of mailing.

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